

Mentoring for Success Program Mentor Application

Please complete the front and back side of this application. Be concise with your responses.

Name _____

Bldg. # _____ Phone _____ Fax _____

Grade/Series _____ JobTitle _____

Program Title & # _____

Are you (circle one) supervisory or non-supervisory?

Who is your first line supervisor? _____ Phone _____

Time on Station? (Military only) _____

Background Education _____

Areas of Specialization _____

Work Experience _____

Please provide a self assessment of your personal, professional, and technical strengths. _____

(Mentor Application - Continued)

Please list anything else you may have to offer. _____

What are your expectations of this program? _____

How much time do you think you can commit to this program? _____

Nominations for other Mentors. Sometimes you may know someone who you believe would have the skills, knowledges, and abilities to offer as a mentor. Your recommendations for other Mentors are: (if known, please include a phone number with the nominated name) _____

Additional Comments: _____

Please send this completed application to: MCHB-CG-QSO, ATTN: Dianne Cottrell

Applications may be faxed to: Dianne Cottrell, DSN 584-8513

(Revised 1/98)